

First Report of Injury

Work-Related Injury & Occupational Disease Reporting

All DNRC personnel, including EFF's, must fill out a First Report of Injury (FROI) form for every on-the-job injury. This form when submitted protects the employee's right to benefits in the event a seemingly minor injury develops into a more serious condition.

Employees – Notify the supervisor of any on-the-job injury **IMMEDIATELY**

Supervisors – Three options for submitting FROI:

- 1.) Fill out the FROI and fax it to: **(406) 444-1357**, Attn: Paige Tabor **within 24 hours** of the injury. Paige Tabor will file the FROI online with State Fund.
- 2.) Contact **Paige Tabor**, DNRC, Safety Officer **(406) 444-2079 office; (406) 437-2746 cell; (406) 368-2398 home**, as soon as possible, preferably **within 24 hours** of the injury. Inform her of all the details so she may submit the report to Montana State Fund
- 3.) If you do not have access to a fax machine and cannot reach Paige Tabor to give her the details to file **within six days** of the injury, phone in the report to Montana State Fund directly at **(800) 332-6102** and ask for Team 6.

It is the **supervisor's** responsibility to

- ❖ Report the injury to Paige Tabor as soon as possible (within 24 hours is best) via fax or phone **or**
- ❖ Submit the report directly to Montana State Fund via phone within six days of the injury **and** notify Paige Tabor that a report has been filed *as quickly as possible*.

On fire assignments, the employee's supervisor is his/her immediate supervisor at the incident. If the immediate supervisor is not a DNRC employee, the **injured employee** is then responsible to submit the FROI with the available fire supervisor's signature even if that supervisor is not with DNRC.

Contact the home unit as soon as possible to inform the DNRC supervisor of the injury.

- A hard copy of the FROI may be obtained from any DNRC area office.
- To print a copy of a blank form, go to: https://www.montanastatefund.com/web/docs/FROI_PDF.pdf. You will not be able to file online. Print the form, fill out, and fax to Paige Tabor at **(406) 444-1357**.

Helpful Hints:

- Fill out all sections, **except 'Insurer Only' section**, as completely as possible. It's okay to leave the wage section blank.
- Employee and supervisor should both sign, if available. Supervisor should sign before submitting. Submit this form within six days – 24 hours is best – even if employee is not available to sign, e.g., hospitalized, etc.
- DNRC's federal tax ID # is **81-0302402**.
- Use payroll classification code **9422** for firefighters.
- For 'Employer mailing address,' use the main Helena DNRC address: P.O. Box 201601, Helena, MT 59620-1601. For phone number, use a number where the supervisor can be reached.
- For 'Location of Operation,' use the employee's home unit address.
- Leave the following boxes blank:
 - 'Employer is a sole proprietorship, partnership, corporation, limited liability company.'
 - 'Injured worker is a sole proprietorship, partnership, corporation, limited liability company.'
 - 'Insurance Agent's name'
 - 'Insurance Agency'
 - 'Agent's Telephone Number'